

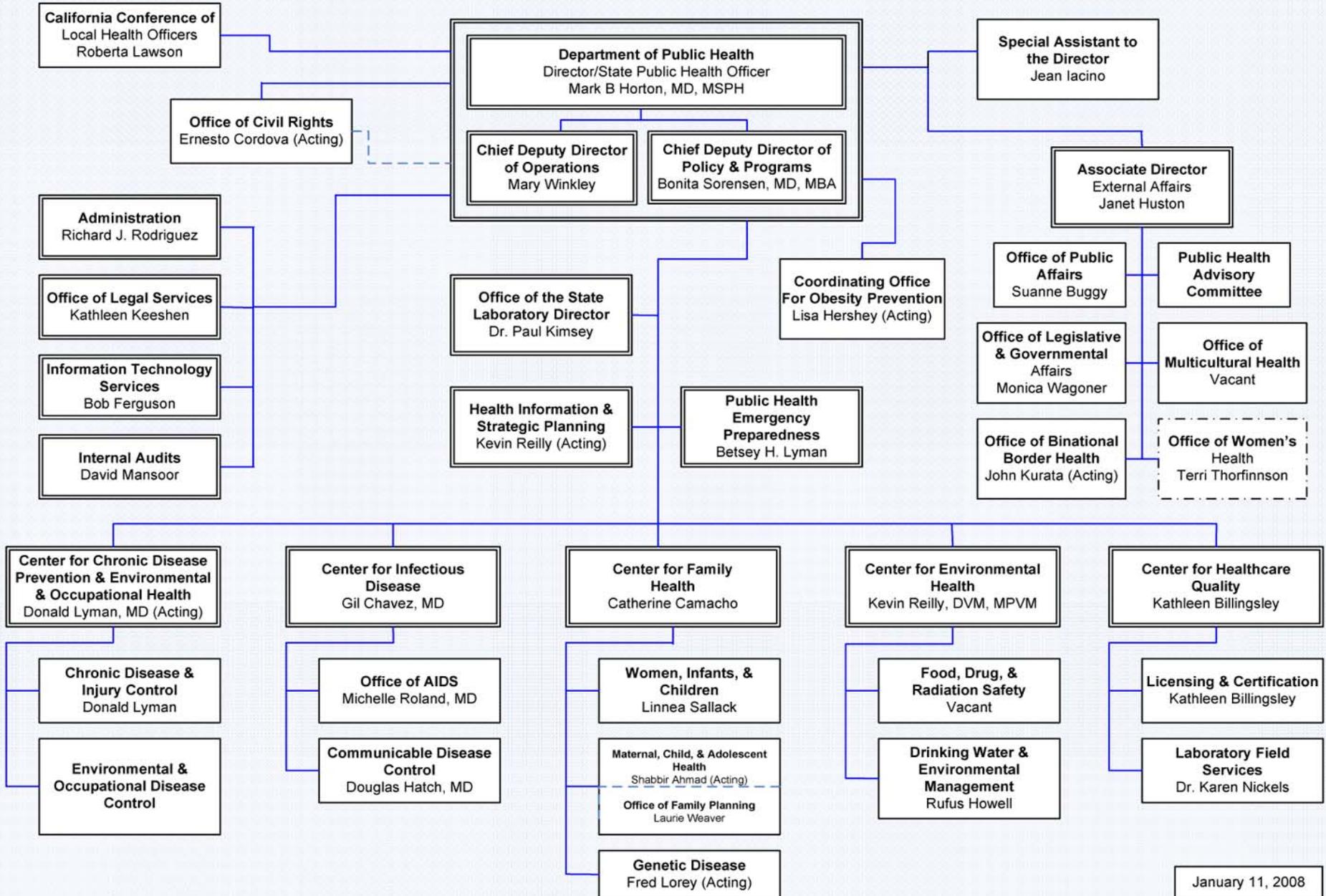
AGENDA

Wednesday, May 7th, 2008

- 11:30 Working Lunch
- 11:45 Opening and Schedule Review
- 12:00 – 4:00** **HIV/AIDS Epidemiology Branch**
-
- 12:00 Epidemiological Studies Section
- 12:45 HIV Prevention Research and Evaluation Section
- 1:30 Care Research and Evaluation Section
- 2:15** ***Break***
- 2:30 HIV/AIDS Case Registry Section and Surveillance and Processing Unit
- 3:15 Latino Advisory Board Discussion
- 4:00** ***Adjourn***



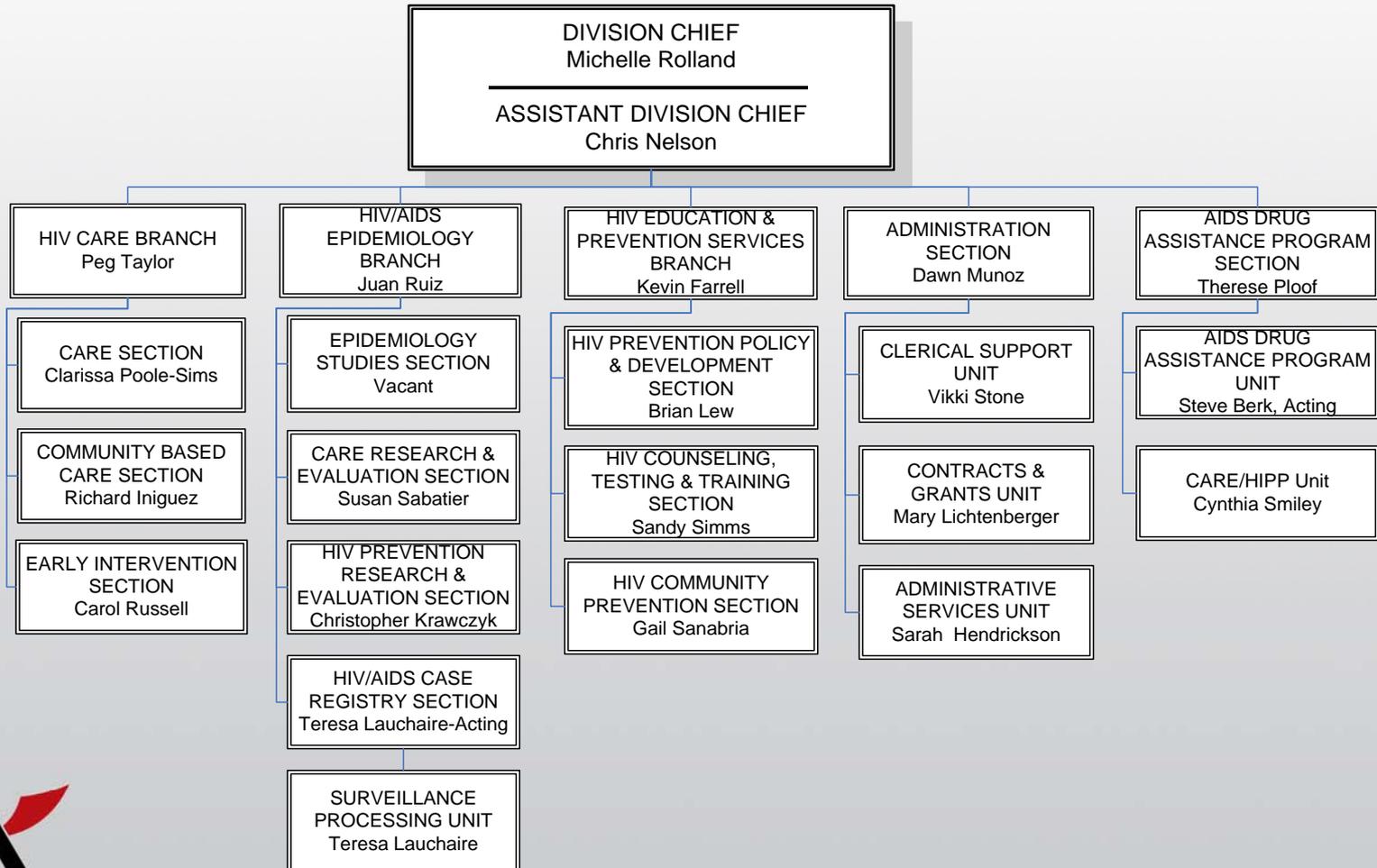
OA/CDPH Overview



OA Structure

- **Main functions/branches and sections**
 1. Education and Prevention
 2. Care
 3. AIDS Drug Assistance Program (ADAP)
 4. Research and Surveillance
 5. Administration
- **Approximately 150 staff**
- **Division Chief: Michelle Roland, MD**

OA Organizational Chart



FY 2007-08 Budget

- **State GF** \$173.186 million
- **Fed Fund authority** \$145.828 million
Ryan White Part B, CDC, HUD
- **Special Fund** \$108.979 million
(ADAP rebates)

TOTAL BUDGET

\$427.993 million

(96% Local Assistance)

Epidemiology Branch

HIV/AIDS Epidemiology Branch

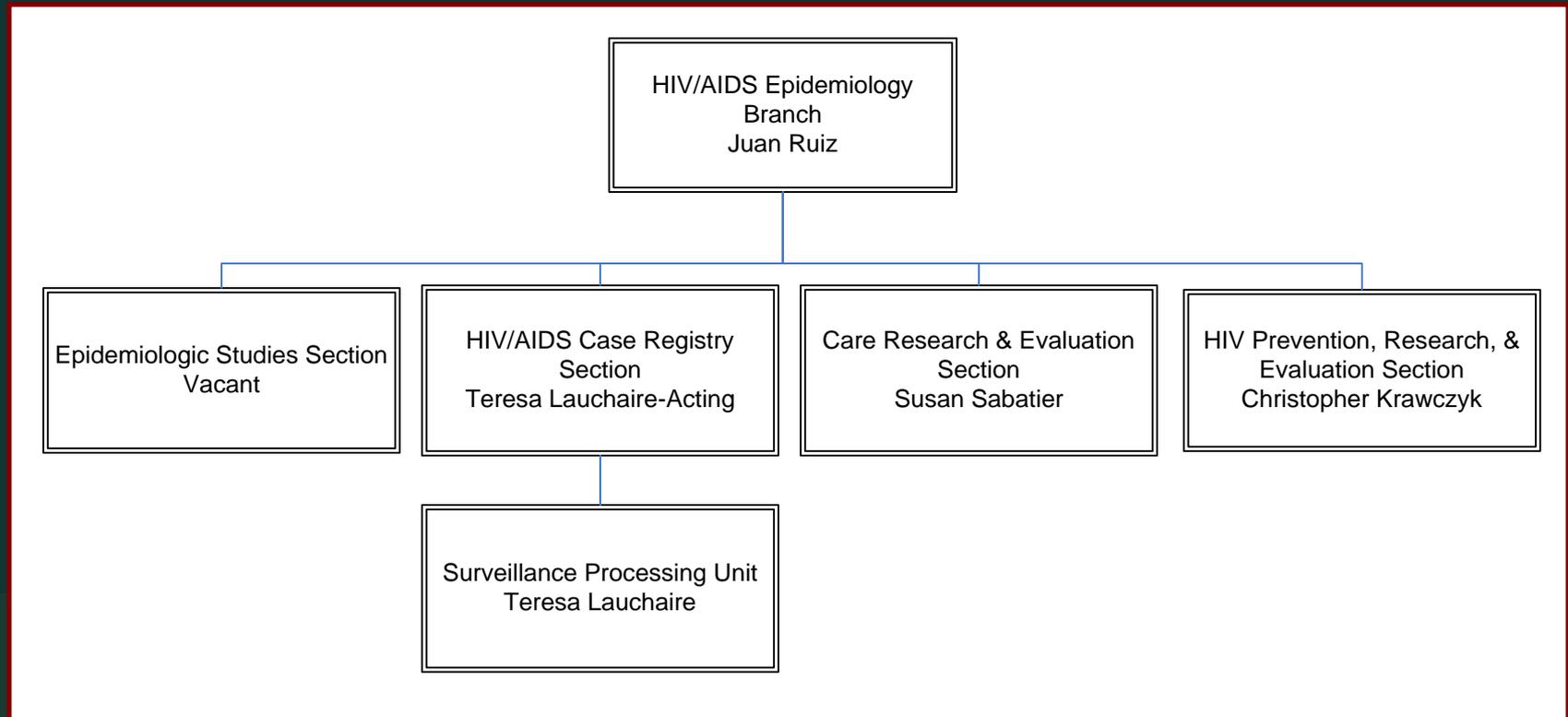
Conducts a variety of epidemiologic studies, evaluates the efficiency and effectiveness of publicly-funded HIV/AIDS programs, and maintains the HIV/AIDS case registry through:

- Epidemiologic Studies Section
- HIV Prevention Research and Evaluation Section
- Care Research and Evaluation Section
- HIV/AIDS Case Registry Section

Branch Chief: Juan Ruiz, M.D., Dr.P.H.



Current Epi Branch Organizational Chart



Epidemiologic Studies Section

Mission:

To provide a comprehensive picture of the HIV/AIDS epidemic in California by conducting rigorous and innovative epidemiologic studies.

Study Motives

- Maintain ongoing relationship with CDC to participate in national studies
- Form new partnerships with other public health agencies
- Study epidemiologic impact of California policies (or recent changes or proposed changes to it)
- Independently gather epidemiologic information on populations of interest

Maintain ongoing relationship with CDC to participate in national studies

- National HIV Behavioral Surveillance (NHBS)
 - ***Study goal: Track HIV-related behaviors***
- Medical Monitoring Project (MMP)
 - ***Study goal: Obtain national picture of population accessing HIV-related care***
- HIV Incidence Surveillance Using STARHS
 - ***Study goal: Obtain current estimates for rate of HIV transmission***

Form new partnerships with other public health agencies

- HIV/AIDS Border Epidemiologic Profile
 - *Working relationship formed with public health departments in San Diego, Arizona, New Mexico, and Texas, as well as NASTAD (U.S.) and CENSIDA (Mexico)*
- Interpersonal/Social HIV Risk among African American and White Male Inmates
 - *Working relationship formed with California Department of Corrections and Rehabilitation (CDCR)*

Study epidemiologic impact of California policies (recent or proposed)

- Influence of Pharmacy-based Syringe Disposal on Unsafe Syringe Discard among IDUs
 - ***SB 1159 took effect in 2005***
 - ***In partnership with UCSD, UCSF, and CSUDH***
- Evaluation of Sexual Barrier Device Distribution Pilot in a California State Prison Facility
 - ***AB 1334 vetoed in 2007, but with directive to CDCR from Governor, “to determine the risk and viability of such a program”***
 - ***In partnership with CDCR***

Independently gather epidemiologic information on populations of interest

- Health Evaluation of Young Men Study
 - ***Target population: Men aged 18-35 who reside in low-income neighborhoods in five counties in Northern California***
- Understanding Barriers to Health Care Access for HIV-positive Persons in California Who Have Never Had HIV Medical Care
 - ***Target population: Persons who know of their HIV infection but have not accessed HIV care***

HIV Prevention Research and Evaluation (PRE) Section

Mission:

To increase the effectiveness of HIV education and prevention programs by creating, maintaining, and providing relevant, science-based information, and technical assistance

PRE

- Education and Prevention Branch Support
 - Data form development and TA
 - Local Evaluation Online (LEO) development, implementation, training, TA, maintenance
 - Data reporting and dissemination
 - Federal and State data reporting requirements
 - Program related QA analyses, decision modeling, and epidemiologic evaluation support
- HIV prevention research

Key Partner: **CHRP**

- **Community Collaborative Research Program**
 - OA/CHRP Collaborative Established in 1998
 - Goals:
 - To collaboratively strengthen the State's capacity to implement and evaluate effective HIV prevention interventions
 - To increase provider and evaluator capacity
 - Focus is on high-risk or underserved populations
 - Includes development of novel interventions and translation projects
 - Model:
 - Community partner and Academic partner jointly respond to RFA from OA/CHRP; RFA is peer-reviewed



CHRP Partnership, Cont.

- **Projects:**

- 49 projects funded (as of January 2008)

- **2008/2010 Collaborative Projects:**

- Evaluation of RNA testing
- Novel intervention for high-risk African American women
- African American and Latino MSM

CHRP/OA

Prevention Intervention Dissemination

- **Goal:** To facilitate adoption of science-based practices by intervention providers through active dissemination.
- **CHOICE Web site**
 - Web-based intervention selection and dissemination tool
 - <http://www.choicehiv.org>

Key Partner: **CHRP**

- **AIDS Regional Information & Evaluation System--ARIES**
 - Project Manager
 - Subcontracts for programmers, Help Desk, Quality Assurance (QA)
 - Hosts the public demonstration and QA/development Web sites
- **Care and Treatment Research and Analytical Support**
 - Provides expertise and support for the HIV Care Branch's HRSA-mandated Quality Management activities; provides support for Severity of Need Index and Unmet Need activities
 - Future plans to work with OA to update the HIV Care Research Agenda

Care Research and Evaluation Section

Purpose:

To assist the HIV Care Branch in ensuring the provision of HIV care and treatment services to eligible clients that produce the highest achievable health outcomes while maximizing limited public resources.

Care Programs Supported by CRE

- AIDS Drug Assistance Program
- Bridge
- CARE/HIPP
- Care Services Program (Part B)
- Case Management Program
- Early Intervention Program
- HOPWA
- Medi-Cal Waiver Program
- Medicare Part D
- Positive Changes

CRE Data Support for Care Branch

- AIDS Regional Information and Evaluation System (ARIES) development, implementation, training, TA, support, and maintenance
- TA and support for HIV care providers in the collection and submission of client-level data through other systems (e.g., Carebase, CAREWare, COMPIS)

More CRE Support of Care Branch

– More Data Support

- Federal and State data reporting requirements
- Federal Quality Management and Unmet Needs requirements
- Ryan White Part B and HOPWA funding allocations

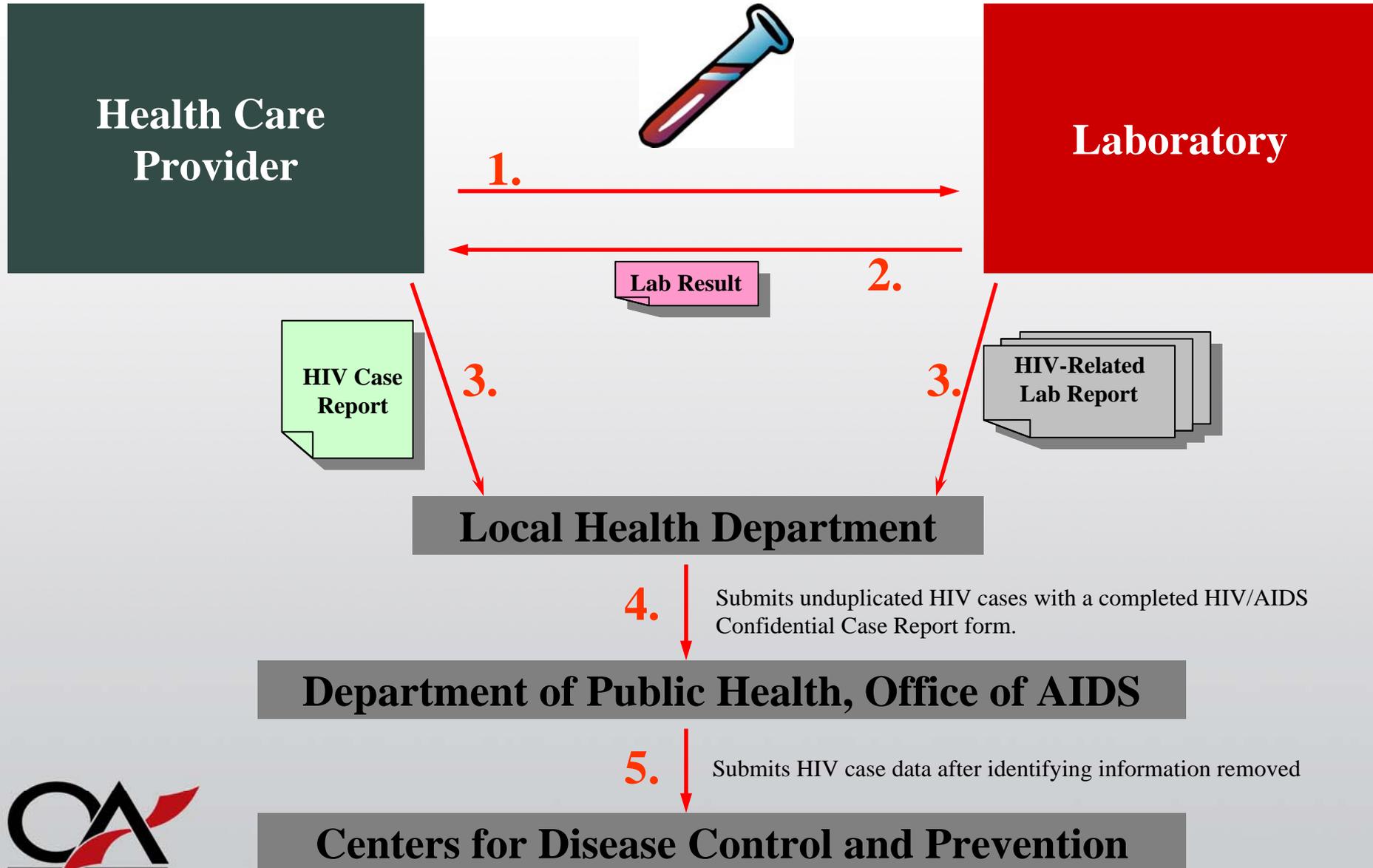
– HIV care program evaluations and data analyses

Break

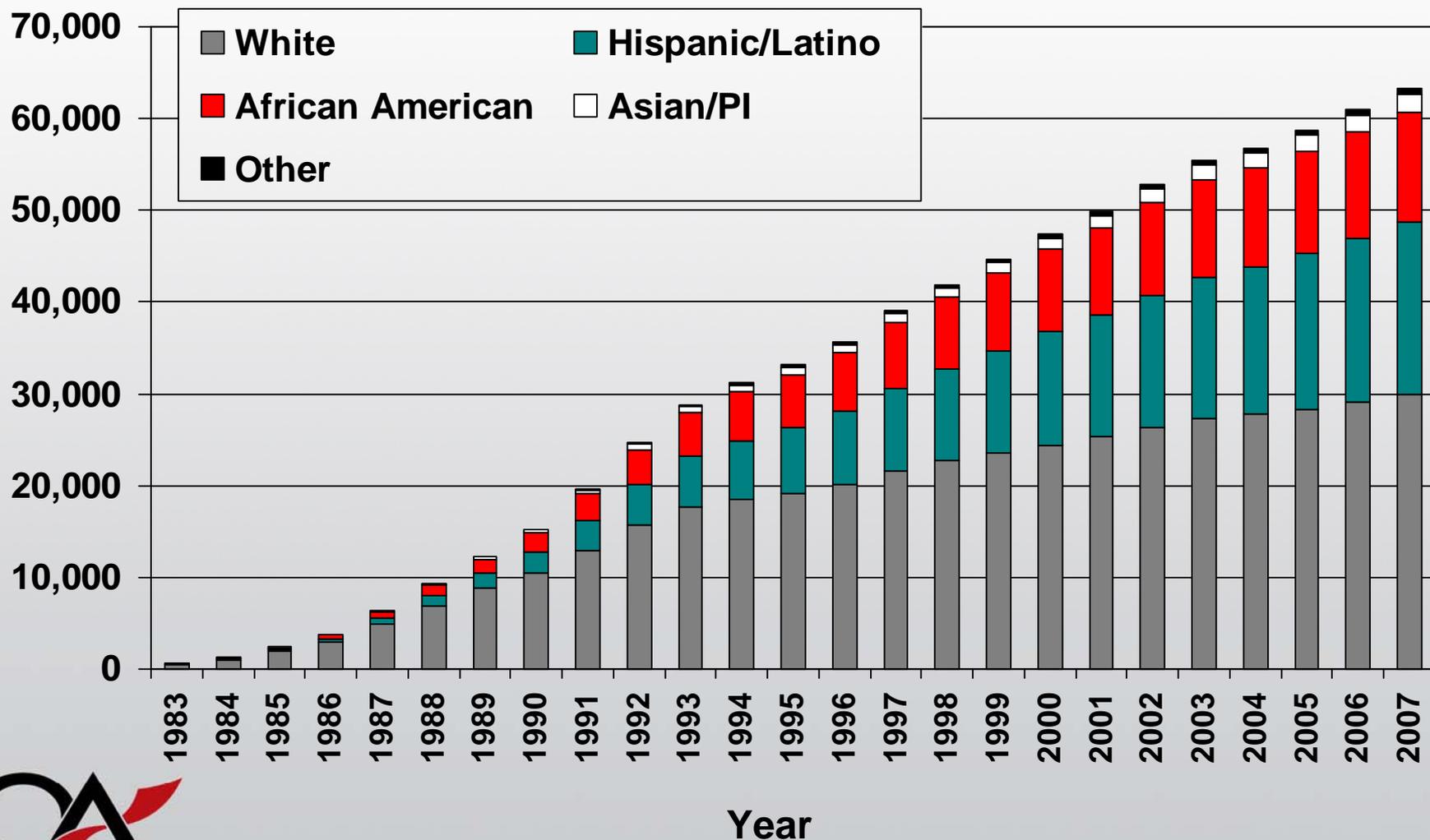
HIV/AIDS Case Registry Section

- Confidential, central registry of demographic and clinical information on all reported California HIV and AIDS cases.
 - Communicable disease personnel assigned to the HIV/AIDS Case Registry Section routinely collect these data from local health jurisdictions throughout California
 - HIV and AIDS records collected are analyzed, stripped of identifiers, and forwarded to CDC for use in national statistics
 - These data are also used to
 - determine federal funding grant amounts such as the Ryan White HIV/AIDS Treatment Modernization Act
 - ensure current and accurate knowledge of the HIV/AIDS epidemic is available for HIV/AIDS programs and planning councils.

California Named Based HIV Reporting System



Persons Living with AIDS by Race/Ethnicity, 1983-2007



HIV/AIDS Reporting: CA Statute & Regulations

- AIDS cases reported by name since 1983
- HIV cases reported by name starting 4/17/2006
 - Name reporting began when HSC 121022 enacted (SB 699)
 - *Purpose of name reporting: "... to assure California remains competitive for federal HIV and AIDS funding ..."*
 - Between 7/1/2002 and 4/17/2006 HIV cases reported by code
- Name-based HIV Reporting Regulations
 - CCR, Title 17, Sections 2641.5-2643.20
 - Took effect 1/8/2007; became permanent 2/6/2008
 - Provide specifics of reporting procedures (methods, forms, timeframes, etc.)
 - Repealed unnecessary code-based HIV reporting provisions (e.g., patient codes used prior to 4/17/2006)

HIV/AIDS Reporting Toolkit

Office of AIDS HIV/AIDS Case Registry

Ann Nakamura, M.P.H

Sacramento, California

May 7, 2008





Background

Forms of surveillance used to monitor the HIV/AIDS epidemic.

- Core HIV/AIDS Surveillance
- Surveillance of new HIV infections (incidence)
- HIV risk behaviors (behavioral surveillance)
- Quality of care and clinical outcomes (morbidity monitoring)
- Perinatal HIV transmission (enhanced perinatal surveillance)

Background

Forms of surveillance used to monitor the HIV/AIDS epidemic.

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Background

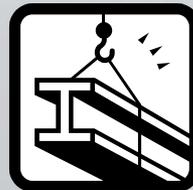
field experience & research

Federal Funding
Requirements

Technical Guidance
specific to HIV/AIDS Reporting

Attributes evaluated
for surveillance
SARS, measles, HIV...

Federal and State Laws



Background

Attributes of public health surveillance systems



a balancing act...

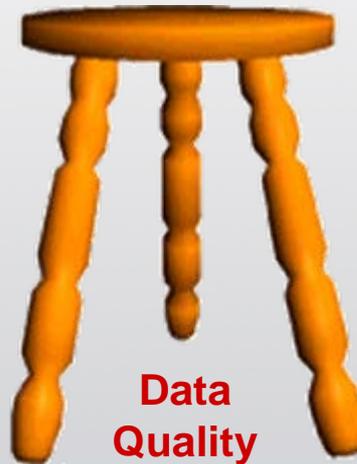
Background



Adapted from: Updated Guidelines for Evaluating Public Health Surveillance Systems. MMWR 2001;50(RR13);1-35

Background

HIV/AIDS Case Surveillance Updating the Foundations



Technical Guidance

**Data
Quality**

Case Definition

Background

CDC/CSTE Technical Guidance for HIV/AIDS Surveillance Programs

- Developed by
 - CDC HIV Incidence and Case Surveillance Branch of the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention

Background

CDC/CSTE Technical Guidance for HIV/AIDS Surveillance Programs

- Developed by
 - Council of State and Territorial Epidemiologists
 - State and local health departments

Background

CDC/CSTE Technical Guidance for HIV/AIDS Surveillance Programs

– Purpose

- Guide for managing state and local HIV/AIDS core surveillance programs
- Provide a standardized framework for collecting complete, timely, and high quality HIV/AIDS surveillance data

Developing the Toolkit

Developing the Toolkit – Why?

CDC/CSTE Technical Guidance - not all things to all states

- Surveillance system attributes (simplicity, flexibility, etc.) vary widely from one state to another
- Different state laws governing disease reporting

Developing the Toolkit – Why?

Written and readily accessible program documentation is necessary to

- Standardize and ensure continuity of practices
- Document changes over time
- Develop training programs

What is the Toolkit?

tool·kit [toól kît]

plural tool·kits)

noun

Definition: a set of tools, especially for a specific type of work, kept in a special box or bag.

What is the Toolkit?

- Purpose
 - Describe the California HIV/AIDS surveillance system
 - Enhance the OA Registry quality assurance efforts
 - Assist local HIV/AIDS surveillance programs in developing area-specific procedures for local program operations that meet federal performance standards.

What's in the Toolkit?

- I. Introduction
- II. Case Finding
- III. Security and Confidentiality
- IV. Special Investigations
- V. Case Processing
- VI. Data Quality Control
- VII. Reporting Performance Measures
- VII. Quality Assurance



Thank You

Teresa Lauchaire

Acting Registry Chief

Office of AIDS

www.cdph.ca.gov/programs/AIDS



Creating the HIV Epidemiologic Profile for California

California Department of Public Health,
Office of AIDS

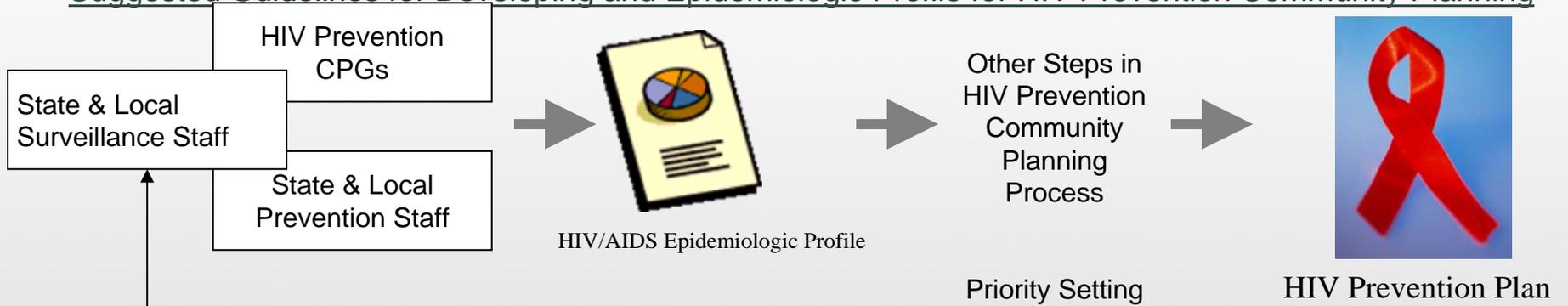
Ann Nakamura, M.P.H.



Process Before Integrated Guidelines

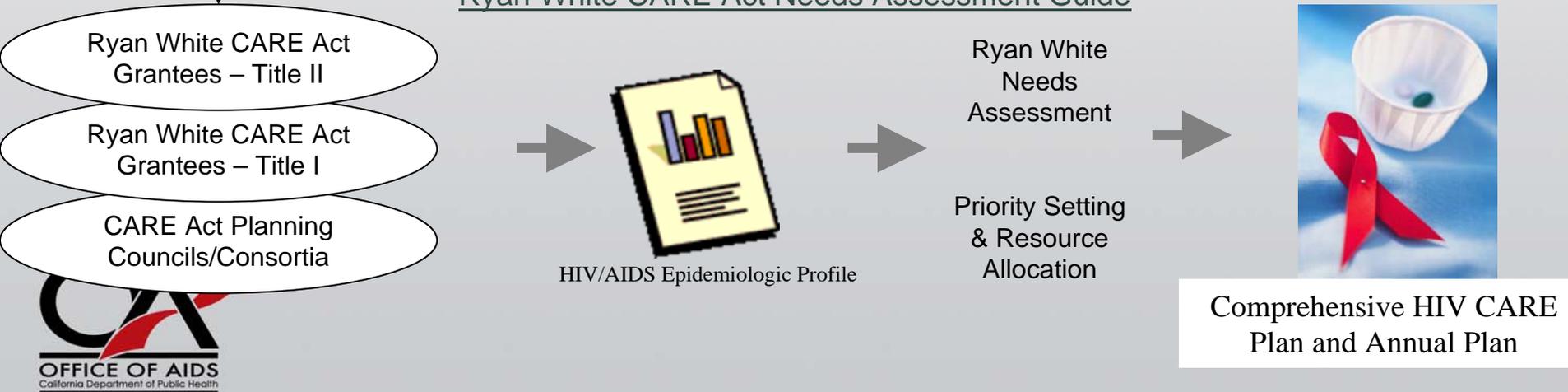
CDC

Suggested Guidelines for Developing and Epidemiologic Profile for HIV Prevention Community Planning



HRSA

Ryan White CARE Act Needs Assessment Guide



Integrated Guidelines for Developing Epidemiologic Profiles

HIV Prevention and Ryan White CARE Act Community Planning



- Core elements with specific sections to meet the individual requirements of CDC and HRSA
- Common time frame, data elements, definitions, and categories
- Meet local needs
- Shared resource for prevention and care.

HRSA CARE Act Expectations

- Size and demographics of the HIV-infected population
- Unmet needs of individuals who know they are infected but are not receiving HIV-related services
- Service needs of underserved populations
- Populations with severe needs and co-morbidities
- Available resources and services

CDC Prevention Guidelines

- Size and demographics of the HIV-infected and HIV-negative population
- Profile of the Priority Population - group most at risk due to high HIV incidence and presence of risky behavior
- Identify existing prevention resources and appropriate interventions for each priority population

Who is the Target Audience?

- Community planning groups
- State and local health departments
- Community-based organizations
- Ryan White grantees
- Ryan White Planning Bodies

What are the primary uses?

- Set priorities for primary and secondary prevention and intervention programs
- Development of the HIV prevention plan
- Set priorities for allocation of resources for care
- Provide source documentation for HRSA HIV/AIDS Bureau (HAB) application

Organization of the Profile

The 4 Core Questions

1. What are the characteristics of the general population?
2. What is the scope of the HIV/AIDS epidemic?
3. What are the indicators of HIV infection risk?
4. What are the utilization patterns of care and/or services within the HIV/AIDS afflicted population?

LAB Discussion

Adjourn

AGENDA

Thursday, May 8th, 2008

8:30

Working Breakfast

8:45

Opening & Schedule Review

9:00 – 11:15

AIDS Drug Assistance Program

9:00

AIDS Drug Assistance Program Unit

9:45

CARE/HIPP Program Unit

10:30

LAB Discussion

11:15

Lunch

ADAP Section

AIDS Drug Assistance Program Section

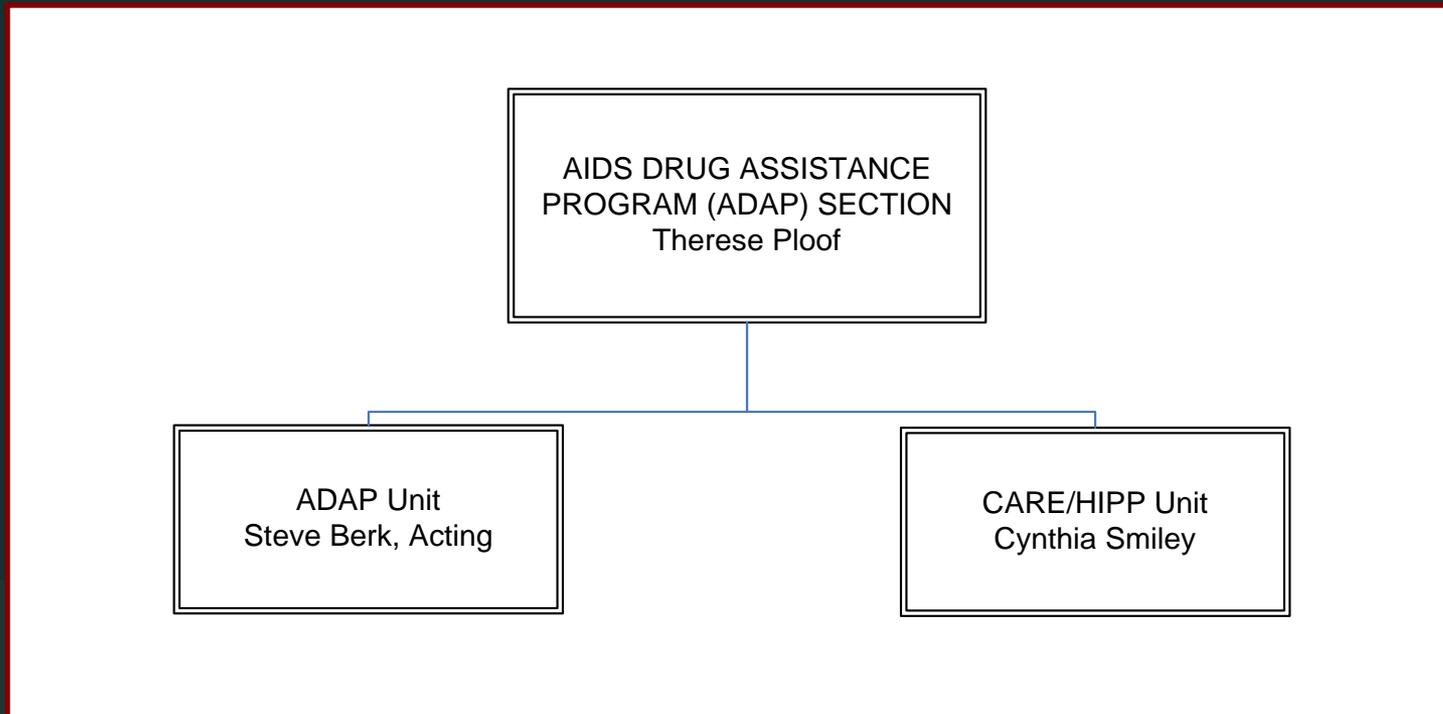
Responsible for providing HIV/AIDS-related medications and continuation of private health insurance coverage and Medicare Part D premium payment assistance for eligible Californians through:

- **ADAP Unit**
- **CARE/Health Insurance Premium Payment Program (HIPP) Unit**



Section Chief: Thérèse Ploof

Current ADAP Section Organizational Chart



AIDS Drug Assistance Program Unit

- Provides drugs for individuals who could not otherwise afford them. Drugs on the formulary slow the progression of HIV disease, prevent and treat opportunistic infections and treat co-morbidities and the side effects of antiretroviral therapy.
- Currently 180 drugs on the ADAP formulary
- Serves over 30,000 clients annually
- Over 3,500 pharmacies in the network
- Approximately 245 enrollment sites

AIDS Drug Assistance Program Unit

- Individuals are eligible for ADAP if they:
 - Are a resident of California
 - Are HIV infected
 - Are 18 years of age or older
 - Have a Federal Adjusted Gross Income that does not exceed \$50,000
 - Have a valid prescription from a California licensed physician
 - Lack private insurance that covers medications or do not qualify for no-cost Medi-Cal

AIDS Drug Assistance Program Unit

- ADAP Demographics (CY 2007)
 - 75% have household income less than 200% of Federal Poverty Level
 - 66% are between 31 and 50 years old
 - 90% Male
 - 37% identify as Hispanic/Latino
 - 36% of ADAP male population is Hispanic/Latino
 - 47% of ADAP female population is Hispanic/Latina

AIDS Drug Assistance Program Unit

- 41% of active clients in LA County
- 13% of active clients in SF County
- 11% of active clients in San Diego County
- Next three largest counties (approx 5% each)
 - Orange
 - Riverside
 - Alameda

AIDS Drug Assistance Program Unit

- FY 2007-08 ADAP Budget is \$288.858 million
- ADAP has three revenue streams
 - **Ryan White Federal Funds**
 - **State General Funds**
 - **Special Fund**
 - Manufacturers are required to pay a base rebate on medications dispensed for ADAP clients.
 - Supplemental rebates are negotiated on a national level by the ADAP Crisis Task Force.

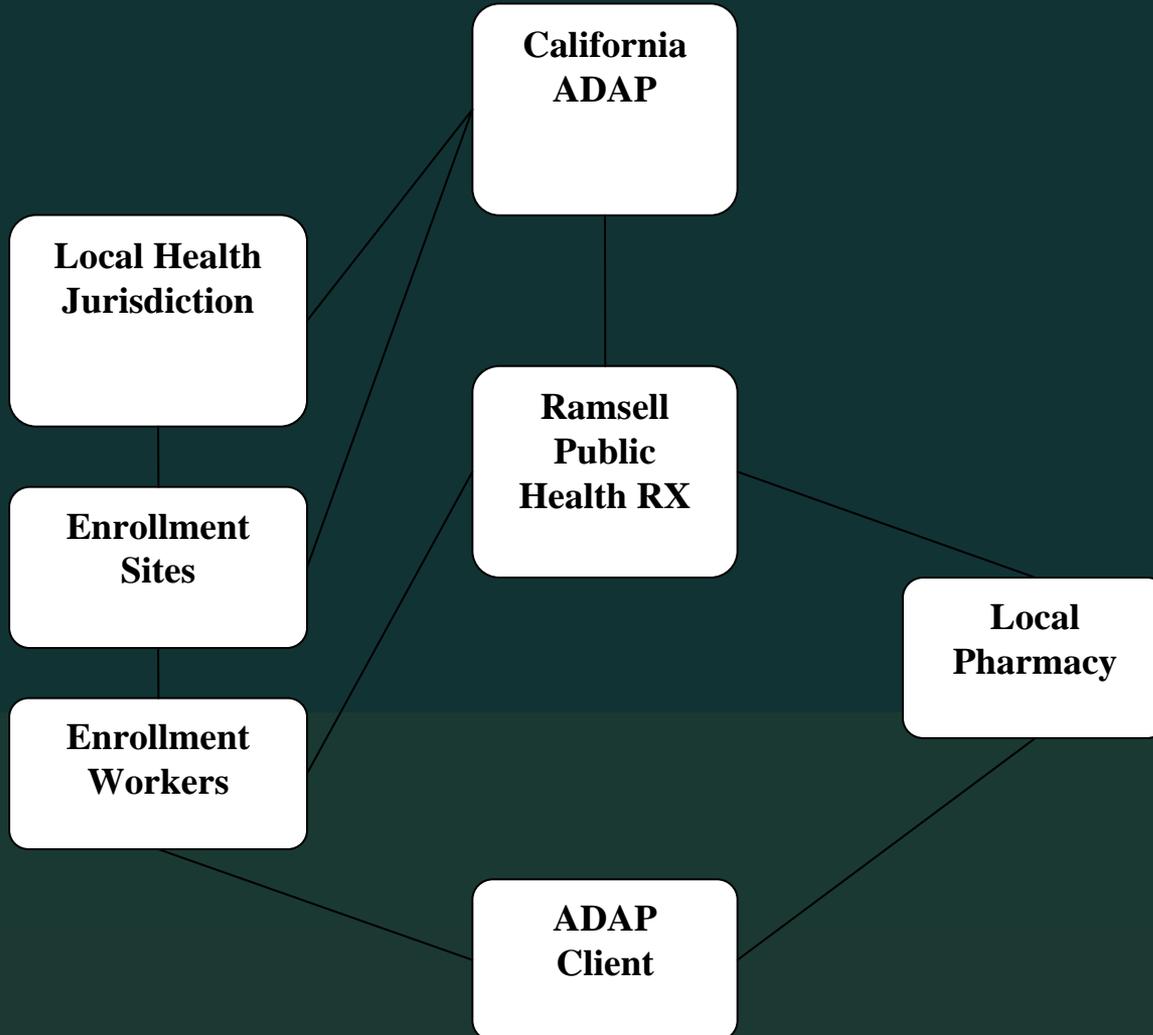
AIDS Drug Assistance Program Unit

- Each revenue stream makes up approximately one-third of the ADAP budget.
- Invoices (for medications dispensed to clients) are over \$5 million per week.

AIDS Drug Assistance Program Unit

- Medical Advisory Committee
 - Advises program regarding drug formulary
 - 17 members
 - Physicians
 - Psychiatrist
 - Pharmacists
 - Community members (HIV positive)
 - Treatment advocates
 - County program administrator

Clients & ADAP



AIDS Drug Assistance Program Unit: Benefits Coordination

- “Payer-of-Last Resort:”
 - Individuals are required to utilize all other sources of coverage before accessing CARE Act-funded services.
 - CA law also requires that all other payers be billed ahead of ADAP.
- Screening and Referral:
 - Third-party-payer mandates also require that grantees screen and refer individuals to apply for benefits that they might qualify for.

AIDS Drug Assistance Program Unit: Benefits Coordination

- ADAP prescription drug assistance and underinsured individuals:
 - Insurance: ADAP pays towards insurance deductibles, co-insurance and co-payments. CARE/HIPP pays monthly premiums for certain individuals.
 - Medi-Cal: ADAP pays towards the individual's monthly Medi-Cal cost-sharing obligation, "Share-of-Cost."
 - Medicare Part D: ADAP pays towards deductibles, co-insurance and co-payments. CARE/HIPP pays monthly premiums for certain individuals.
 - Medications must be on the ADAP formulary.
 - ADAP provides full coverage to individuals while they are in the process of applying for other benefits.

AIDS Drug Assistance Program Unit: Medicare Part D

- In January 2006, Medicare began offering prescription drug coverage, “Medicare Part D”
- Medicare Part D became a “new” payer ahead of ADAP.
 - Second largest source of federal spending for HIV care.
 - Covers 60,000-80,000 persons with HIV/AIDS.
 - Majority qualify based on Social Security Disability Insurance (SSDI) eligibility or 65+ retirement.
- Medicare eligible ADAP clients are required to apply for Part D coverage or are required to provide proof of creditable insurance coverage.
- Clients are required to apply for Low Income Subsidy (LIS).
- ADAP will assist with Part D out-of-pocket costs for ADAP formulary medications (premiums, deductibles, co-insurance and co-payments).
- ADAP assistance is available to clients with Part D Standard coverage, Partial LIS, Full LIS, dually eligible, and for individuals who enter the Part D coverage gap (Donut Hole).

CARE/HIPP Unit

- Maintain private health insurance coverage and Medicare Part D prescription coverage
 - Pays insurance premiums
 - Pays Medicare Part D premiums for ADAP clients who do not qualify for Full Low Income Subsidy.

CARE/HIPP

Eligibility Requirements

- Resident of California
- Disabled by HIV/AIDS
- Assets less than \$6,000
- Income less than 400 percent of FPL
- 36 months lifetime eligibility limit

CARE/HIPP

Eligibility Requirements (cont)

- Allowable monthly insurance premium:
 - \$700 for individual COBRA or private
 - \$900 for family COBRA or private policy
 - \$950 for individual OBRA or HIPAA
 - \$1,325 for family OBRA or HIPAA
- Cannot be eligible for Medicare
- Share of Cost below \$200, transition to Medi-Cal/HIPP

CARE/HIPP

Clients are enrolled at local AIDS Services Agencies by local Benefits Counselors and recertified for eligibility every three months.

- Approximately 75 local Benefits Counselors
- Approximately 51 local enrollment sites
- 365 active clients
- 66 active Latino/Latina's

CARE/HIPP

Hispanic/Latino Demographics

- 57.5% are between 41-50 years old
- 96.9% are male and 3.03% female
- 72.7% enrolled in COBRA individual policy and 9.09% in COBRA family policy
- 39.3% live in San Francisco County
- 18.1% live in Los Angeles County
- 42.4% live in all other counties

MEDICARE PART D PREMIUM PAYMENT

Eligibility Requirements

- Actively enrolled in ADAP
- Enrolled in a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug Plan (MAPD)
- Not eligible for full Low Income Subsidy

MEDICARE PART D PREMIUM PAYMENT

Applications are faxed or mailed to CDPH/OA and processed. Applications are available online at: www.cdph.ca.gov/programs/AIDS

Partner with over 25 Part D plans to accept premiums
1,800 received in 2008

- Over 655 approved

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Comprehensive AIDS Resources Emergency



CARE/HIPP CLIENT LIAISONS		
Gloria Clavecilla (916) 319-9403 gloria.clavecilla@cdph.ca.gov	Jim Sviben (916) 449-5882 jim.sviben@cdph.ca.gov	Kathy Whitaker (916) 449-5893 kathy.whitaker@cdph.ca.gov

M	A-L, N-O	P-Z
		A-Z (PRC Clients)

ADAP MEDICARE PART D PREMIUM PAYMENT LIAISONS		
Rosalind Baker (916) 440-7943 rosalind.baker@cdph.ca.gov	Justine Blanco (916) 449-5839 justine.blanco@cdph.ca.gov	Gloria Clavecilla (916) 319-9403 gloria.clavecilla@cdph.ca.gov

AETNA	AARP/UHC	POSITIVE HEALTHCARE
BLUE CROSS	ADVANTRA	
BLUE SHIELD	COVENTRY	
BRAVO	ENVISION	
CIGNATURE RX	HUMANA	
COMMUNITY CARE RX	MEDCO	
FREEDOM BLUE	PACIFICARE	
HEALTH NET	PRESCRIPTION PATHWAYS	
HEALTH SPRING	RX AMERICA	
KAISER	SAN MATEO CARE ADVANTAGE	
SILVERSCRIPT	SECURE HORIZONS	
STERLING LIFE	SIERRA RX	
UNICARE	WELLCARE	
UNITED AMERICAN	YOURX PLAN	

CARE/HIPP LIAISONS	CARE/HIPP UNIT CHIEF
Benita White (916) 449-5886 benita.white@cdph.ca.gov	Bunny Furlo (916) 449-5953 bunny.furlo@cdph.ca.gov
MEARI, FISCAL	Cynthia Smiley (916) 449-5934 cynthia.smiley@cdph.ca.gov
	TECHNICAL ASSISTANCE, TRAINING, FORMS

LAB Discussion

Lunch

AGENDA

(continued)

Thursday, May 8th, 2008

12:30 – 4:30

LAB Business

12:30 Report Backs

Steering Meeting

- *Mario/Rosana*

Governance Changes

- *Brian*

Membership Rules

Membership Committee

CHPG Meeting

- *CHPG Members*

LAB Report Discussion

- *All*

Recommendations From

- *Mario*

LAB & Other Reports

4:30 Adjourn

LAB Business

Adjourn

AGENDA

Friday, May 9th, 2008

8:30

Working Breakfast

8:45

Opening & Schedule Review

9:00 – 12:00

HIV Education and Prevention Services

9:00

HIV Counseling, Testing, and Training Section

9:45

HIV Community Prevention Section

10:30

Break

10:45

HIV Prevention Policy & Program Development Section

11:30

LAB Discussion

12:00

***Lunch Discussion with
Dr. Michelle Roland***

Education & Prevention Services Branch

HIV Education and Prevention Services Branch

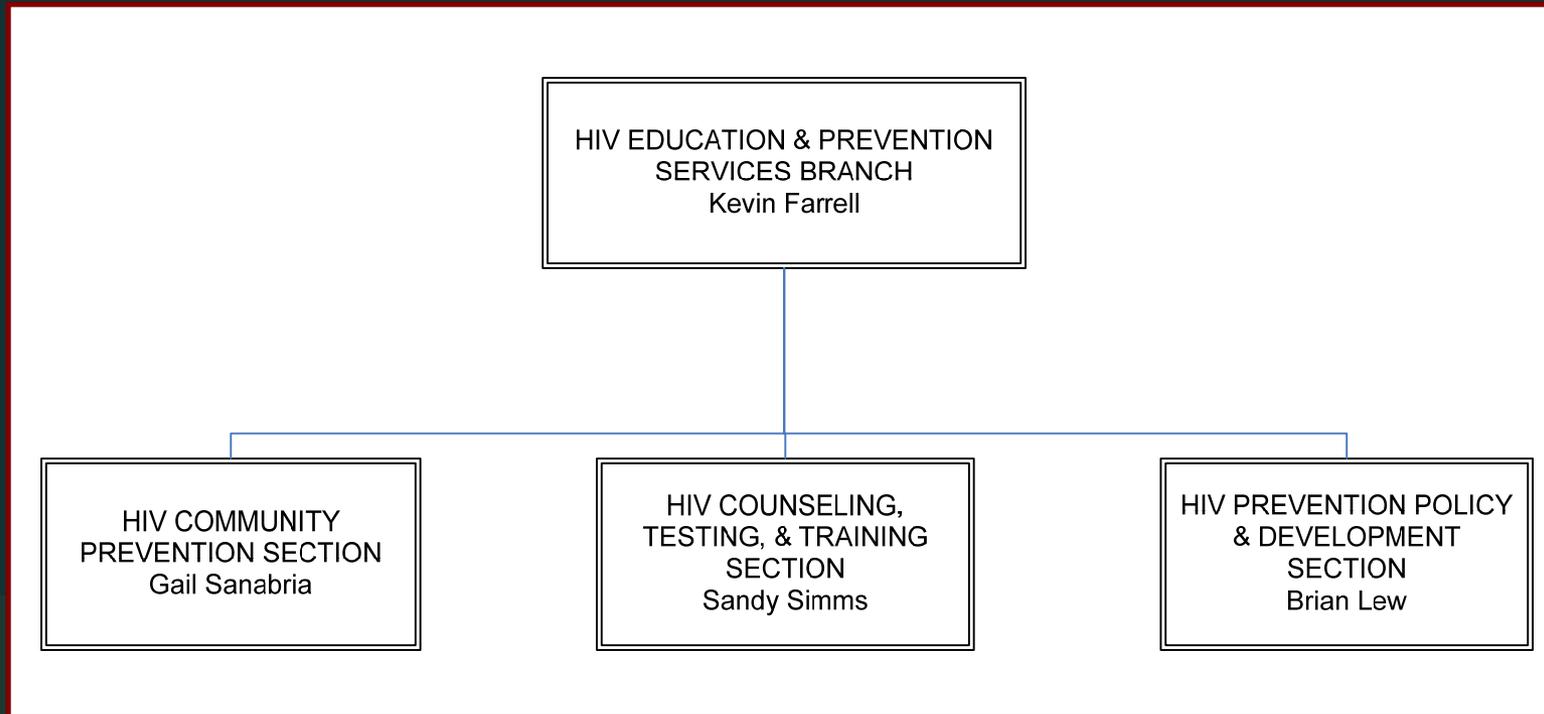
Develops and implements focused HIV detection, education, and prevention programs through:

- **HIV Counseling, Testing, and Training Section**
- **HIV Prevention Policy and Program Development Section**
- **HIV Community Prevention Section**



Branch Chief: Kevin Farrell, L.C.S.W.

Current E & P Branch Organizational Chart



HIV Counseling, Testing, & Training Section

Section Chief: Sandy Simms

History of C&T Program

- March 1985: first HIV antibody blood test developed;
- State of CA enacts legislation to create Alternative Test Site (ATS) Program
 - ATS Program currently provides **free & anonymous** HIV antibody C&T services in 36 LHJs
- 1986-87 **confidential** HIV antibody testing established
- Program evolved to emphasize the prevention of HIV transmission

California **HIV** Counseling and Testing Services Today

- Free Anonymous/Confidential HIV C&T Services in 54 LHJs; 160,000 tests/year in approx. 750 sites conducted by 600 certified counselors;
- **ALL** funding to LHJs/CBOs for HIV C&T Services;
- C&T is targeted to high-risk populations;
- 60% high-risk/50% have private insurance/40% test anonymously.

C&T Services Today (cont.)

Testing venues include:

- Medical settings: health dept. clinics, STD clinics, family planning, etc.
- Non-clinical settings: outreach sites, mobile vans, jails, CBOs, etc.

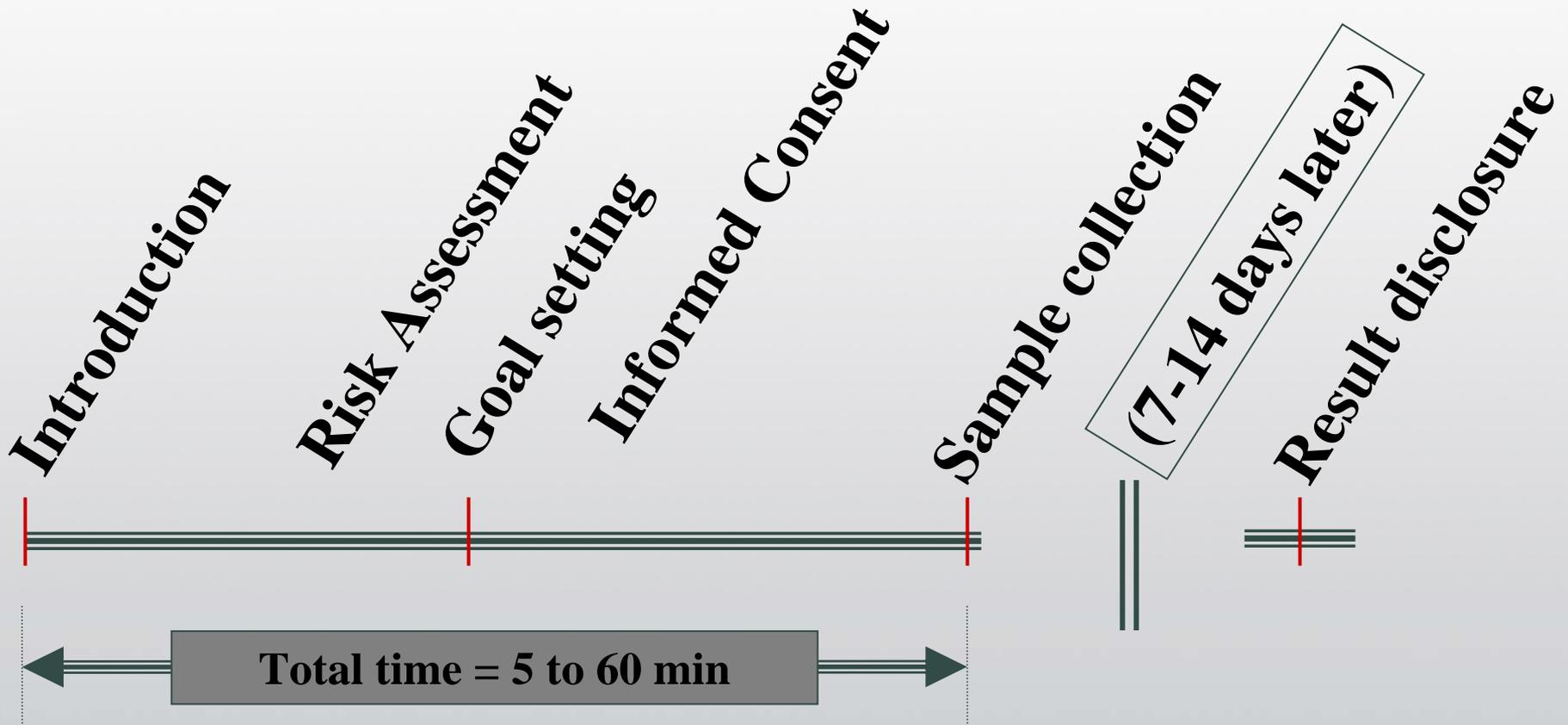
C&T Services Today (cont.)

- Positivity rate = 1.63% (approx. 2,500 HIV-positive test results/year)
- Seropositivity by risk category:
 - Transgender = 7.2%
 - MSM/IDU = 7.4%
 - MSM = 4%
 - Unknown = 3%
- Proportion of HIV-positive tests by race/ethnicity:
 - White = 37%
 - African American = 24%
 - Latino/a = 30%

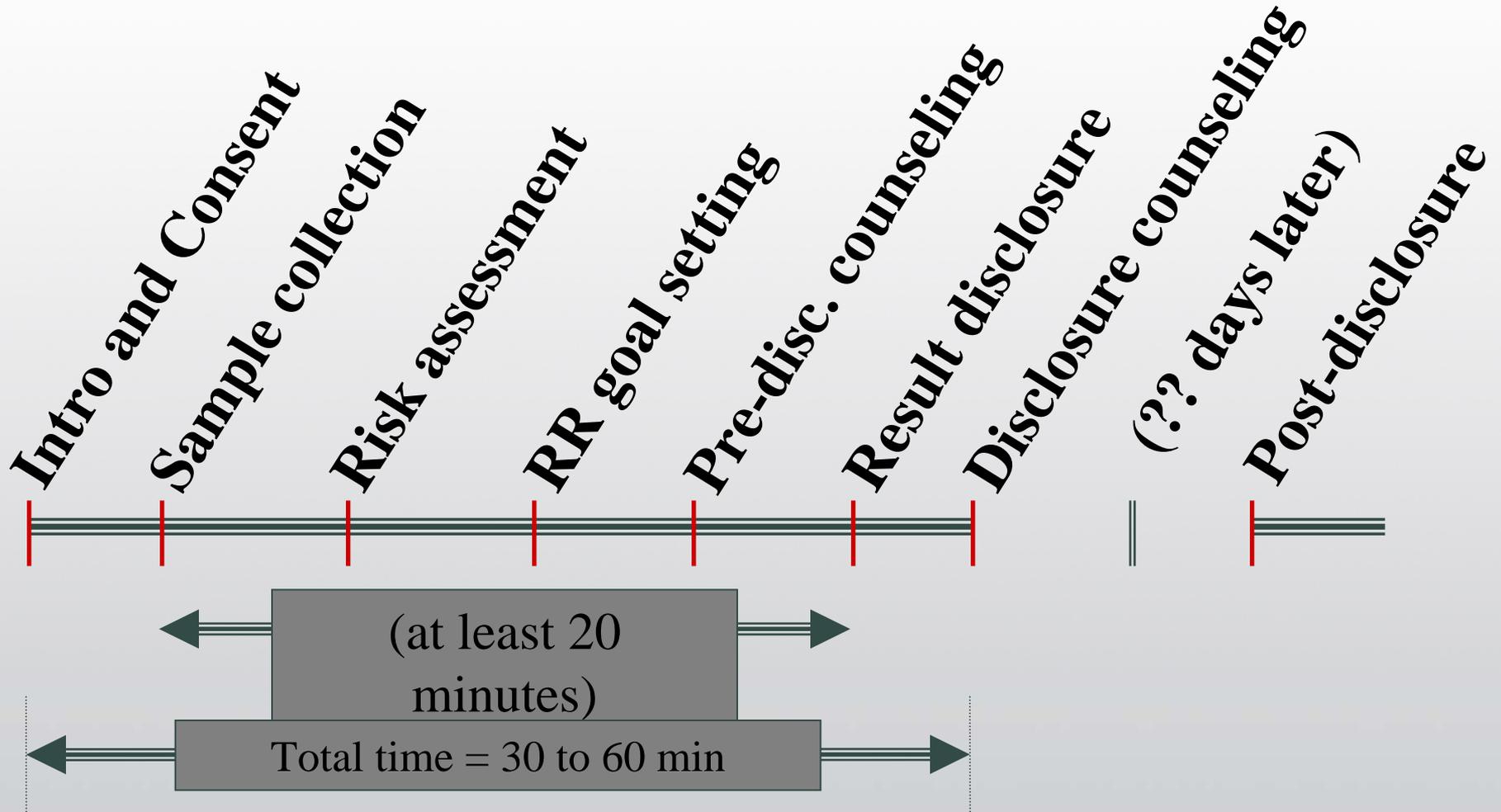
Rapid Testing Roll-Out

- Nearly all LHJs have implemented RT
- 160+ sites offering rapid testing
- 42% rapid tests conducted
 - Statewide RT positivity rate about the same as in traditional testing
 - Locally, some LHJs see initial increase in positivity, but generally levels out over time
- Widespread acceptance by counselors and clients

Traditional Testing Session



Standard Rapid Testing Session



The Challenge:

How can we create a system that is flexible for LHJs/CBOs, and enables the system to discover and link into care and treatment the estimated 25% who are unaware of their *HIV-positive* status, while providing appropriate risk-reduction services to *high-risk HIV-negative* individuals?

Additional Considerations

- 4,000-6,000 new HIV infections in CA each year;
- Approximately 30,000-40,000 Californians unaware that they are HIV positive;
- the California HIV C&T Program still tests about 50% low-risk (as defined by CIF);
- Low-risk testing still high following five-year+ efforts to reduce using funding mechanisms;
- Low-risk HIV testing drains resources at LHJ/CBO level that could be better utilized with high-risk clients;
- New technologies and opportunities on horizon

BACKGROUND & HISTORY OF NEW PROGRAM

- Current C&T model has been in place for many years; a combination of OA-based analysis, input from the field and changes in technology (Rapid Testing) indicated a need for change.
- In January 2006 OA's HIV Prevention Research Evaluation Section developed a 45-page C&T model options paper explaining other state's programs and current research.
- In May 2006, OA convened a C&T Stakeholders meeting with selected LHJs and CBOs for input, and formed three on-going work groups.
- OA and Stakeholder work groups developed a new draft C&T model with additional input from the CDPH STD Control Branch, CCLAD, CHPG, & the Executive Committee of the STD Controllers.
- The new model provides two tracks; one with a lower intensity intervention (no counseling) that allows for more low-risk testing, and a second track for those at higher risk which provides more intensive services (counseling) and referrals.
- This draft model was piloted by six representative LHJs in diverse settings around the state until February/March 2007.

HIV C&T Model

Face-to-Face Counseling

CLIENT ASSESSMENT

Consent

Administer
Test

High-Level
Intervention

Result
Disclosure

Referral

Confirmatory
Disclosure if
HIV+

PCRS

Verified
Referral
if HIV+

Consent

Administer
Test

Low-Level
Intervention

Result
Disclosure

No Face-to-Face Counseling

Client Assessment Questionnaire (CAQ)

- Every client who requests an HIV test should be given a CAQ to fill out
- The CAQ collects information about clients to determine if they are currently at risk for HIV and to determine if they will receive a high-level intervention or a low-level intervention

High-Level vs. Low-Level Services

- **High-Level Intervention**

- Risk-reduction Counseling
- Rapid or traditional HIV test
- Appropriate referrals

**Same as current model:
for clients at higher risk for HIV**

- **Low-Level Intervention**

- Brochure
- Video
- Group session
- Brief information session
- Rapid or traditional HIV test

**Information dissemination:
for clients at lower risk for HIV**

High-Risk Populations Receive High-Level Intervention

- MSM
- IDU
- Transgender Person
- Anal Receptive
- Money or Drugs for Sex
- Stimulant User
- Sex w/Sex Worker
- Sex w/IDU
- Sex w/HIV+
- Female w/MSM
- Gonorrhea or Syphilis

Local Variance Allowance

Local Variance Allowance (LVA)

- Allows LHJs to designate local populations at high risk that are NOT identified by CAQ
- LVA groups receive high-level intervention

LVA adds flexibility to maximize prevention value

Client Assessment Staff

- Can be a Counselor 1 or a Counselor 2
- Instructs client to only fill out the front of the CAQ and then return the form when completed
- Staff may assist if help is requested and provide clarification on questions clients may have
- Check the CAQ for completeness
- If there are blanks or incomplete information; ask the client for clarification and assist the client when necessary
- Evaluates CAQ form and determines intervention level

Counselor I

- Administers the test
- For low-risk clients, complete 'low-level intervention'
- LHJ determines structure of intervention
 - ✓ Brochure
 - ✓ Video
 - ✓ Group Session
 - ✓ Health Assessment Tool
- Read test result
- Provide negative result to low-level clients
- If result is a preliminary positive, move client into high-level intervention

Counselor II

- Frames the sessions
- Explains type of test
- Administers test
- Provides a high-level intervention for high-risk clients:
 - Client-Centered Counseling
- Read test results
- Provide negative result to high-level client
- If result is a preliminary positive, collect a sample for confirmatory testing

Training

- Client Assessment Staff (new)
 - Training on-site
- Counselor 1 (new)
 - HIV Counselor 1 Training (1 day)
 - Annual CET
- Counselor 2 (current counselors)
 - HIV Basic I/II (BI = 4 days, BII = 2 days)
 - Annual CET

High-Level Intervention

- After CAQ staff have determined that a client is higher risk via the CAQ, client is seen by a Counselor II
- Clients receive current counseling session intervention with referrals.
- Services for preliminary HIV-positive clients include PCRIS services and verified medical referrals, both of which are significantly incentivized by new reimbursements.

Emphasis on Services for HIV-Positive Clients

- Partner Counseling & Referral Services (PCRS)
 - Assistance in disclosing to sexual and/or needle-sharing partners
 - Options: self, dual, 3rd party anonymous disclosure
- Verified medical referral
 - Verify and document linkage to medical care
 - Client received medical intake, further diagnostic testing, or saw a provider at the referral agency.

Reimbursement

- Reimbursement will be higher for high-risk interventions and lower for low-risk interventions
- Changes to the reimbursement schedule include adding reimbursement for HIV-positive services
 - Reimbursement for HIV-positive services has various components based on whether it is a conventional or rapid HIV test
 - LHJs will be reimbursed for providing additional services to HIV-positive clients, which include PCRS counseling, partner elicitation, and verified medical visit

Other Reimbursable Service: Hepatitis C Testing Services

- HCV screening services may be offered and delivered as part of HIV C&T services, if risk for HCV exists
- The decision on which service to offer the client, either the HCV counseling session or the combination HCV/HIV counseling session is based on the risk level of the client as established by the CAQ process listed above
- Only a Counselor 2 may provide HCV counseling sessions as a higher skill level is required due to the complexity of this counseling session

Pilot Overview

- **Pilot** of restructured C&T model conducted Oct. 2006-Feb. 2007 in 6 LHJs:
 - SF, LA, Orange, Riverside, Fresno, Yolo
- 20+ sites, ~6,000 client visits
- Evaluation Components
 - Parallel study
 - Process evaluation
 - Staff survey
 - Client survey

General Comments

- In general, both clients and front line staff seemed to feel the model was successful
- “Despite my concerns that not providing an intervention to low-risk clients would be a bad thing, it seems that low-risk clients were satisfied with the streamlined process. Furthermore, the CAQ is a good tool to assess client risk”

Maximizing Prevention Resources

- Data analyses and feedback continue to refine the final process
- Pilot provided lots of ‘learning experiences’ and resulted in several refinements
- Overall process is functional and serves its purpose

Special Thanks:

HIV Counseling, Testing, and Training Section

HIV Prevention Research and Evaluation
Section

QUESTIONS?

Partner Counseling & Referral Services



- Voluntary program
- Assists HIV-positive clients with disclosing their status to their sexual and needle-sharing partners
- Managed through an Interagency Agreement with the Division of Communicable Disease Control, Sexually Transmitted Diseases Branch.

HIV Community Prevention Section

Section Chief: Gail Sanabria

HIV Community Prevention Section

What We Do:

Mission – to take a leadership role in the delivery of appropriate education and prevention services through collaboration and partnership with affected and infected communities.

Community Planning Process

Through the community planning process, we empower communities to develop local prevention programs that meet the needs of the communities they serve to prevent the spread of **HIV**.

Who We Serve

Local implementation groups who create the local HIV prevention plan; health jurisdictions who implement the local plan, and subcontractors who provide HIV prevention interventions to individuals at risk of acquiring or transmitting HIV.

HIV Community Prevention Section Responsibilities

- Ensuring funds are focused towards high-risk behavioral activities, monitoring funded activities, providing technical assistance and training to LHJs on health education and risk-reduction interventions (HE/RR).
- Supporting local planning councils.

Three Year Agreements

- Between CDPH/OA and LHJ for HE/RR activities.
- Current MOU -- 2007-2010
- Each MOU has Scope of Work and Budget for each fiscal year

Funding

- Each LHJ funding is decided by a formula based on **HIV/AIDS**, STD, Poverty, and People of Color data.
- Current year formula amount for entire State is \$18,396,998.
- FY 2007-08, received a one-time augmentation of \$5,600,000. These funds return allocations to LHJ who currently receive less funding than they received in 2001.

2007-2010 Guidance

- Identify requirements for comprehensive HIV prevention programs.
- Provides comprehensive intervention information and required training for certain interventions.
- Describe Scope of Work and budgetary requirements.

ELI (Soon to be LEO)

- Web-based data reporting system.
- Provides reports for monitoring, planning and evaluation.

www.choicehiv.com

- Web site available to anyone – no password needed.
- Provides information about interventions, training available, community planning, evaluation, local profile information, other resources.
- Tool for LHJs, CBOs, researchers, anyone.

CALIFORNIA *HIV/AIDS* PLANNING GROUP

chpg

California **HIV** Planning Group (CHPG)

CHPG is a statewide planning body which provides community perspectives, and advice and recommendations to the California Department of Public Health, Office of AIDS (CDPH/OA). Membership consists of community advocates, public health officials, and representatives from other California State departments.

Break

HIV Prevention Policy & Program Development Section

Section Chief: Brian Lew, M.A.

HIV Prevention Policy & Program Development Section

- Addresses emerging risks by responding to the needs of priority populations, including:
 - **African American**
 - **Latinos**
 - **Women of Childbearing Years**
 - **Transgendered Persons**
 - **Injection Drug Users**
- Analyzes proposed legislation related to HIV prevention and provides recommendations to the CDPH administration.

HIV Prevention Policy & Program Development Section Initiatives

African American HIV/AIDS Initiative: Provides direct oversight to programs and policy related to HIV prevention among African Americans including requiring LHJs most impacted by HIV/AIDS to submit Action Plans to address the prevention needs of gay/MSM African American men in their communities.

Latino HIV/AIDS Initiative: Provides leadership to the statewide Latino Advisory Board, which has developed specific recommendations to improve HIV services to the Latino community.

Perinatal Project: Assists hospitals in eradicating the transmission of HIV during a pregnant woman's labor and delivery.

More Initiatives

Statewide Syringe Exchange Technical Assistance

Initiative: CDPH/OA funds technical assistance and training to existing and new syringe exchange programs (SEPs) as well as to LHJs interested in authorizing and initiating new programs.

Transgender Center of Excellence: CDPH/OA funds the CoE whose mission is to provide leadership, capacity building, professional training, policy advocacy, research development, and resources to increase access to culturally competent HIV prevention services for transgender people in California.

Rapid HIV Testing in Emergency Departments: The purpose of this CDC-funded project is to increase HIV testing utilizing innovative strategies amongst populations disproportionately affected by HIV who are unaware of their HIV status, (primarily African American) in emergency department settings in 3 hospitals in Alameda and San Francisco Counties.

African American Initiative

- Assembly Bill 1142: reduce the effects of AIDS on African Americans by coordinating prevention and services while increasing the capacity of service providers.
- The Statewide African American Initiative (AAI) was initially housed and supported at CDPH/OA and became an independent non-profit organization January 1, 2008.
- December 2006, CDPH/OA awarded a three-year contract to OnTrack Program Resources to provide:
 - technical assistance and capacity building activities to improve HIV prevention services for agencies serving African Americans
 - support the AAI

The *Initiative* establishes the California African American **HIV/AIDS** Coalition (CAAHAC)



African American Gay Men/MSM Action Plans

CHPG recommended that designated LHJs create an **Action Plan** to adequately address the HIV prevention needs of African American gay men/MSM.

Designated Tiers

Tier One

- Alameda
- Contra Costa
- Long Beach
- Los Angeles
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- Solano

Tier Two

- Berkeley
- Fresno
- Kern
- Orange
- Pasadena
- San Joaquin
- San Mateo
- Santa Clara

Action Plan Goals

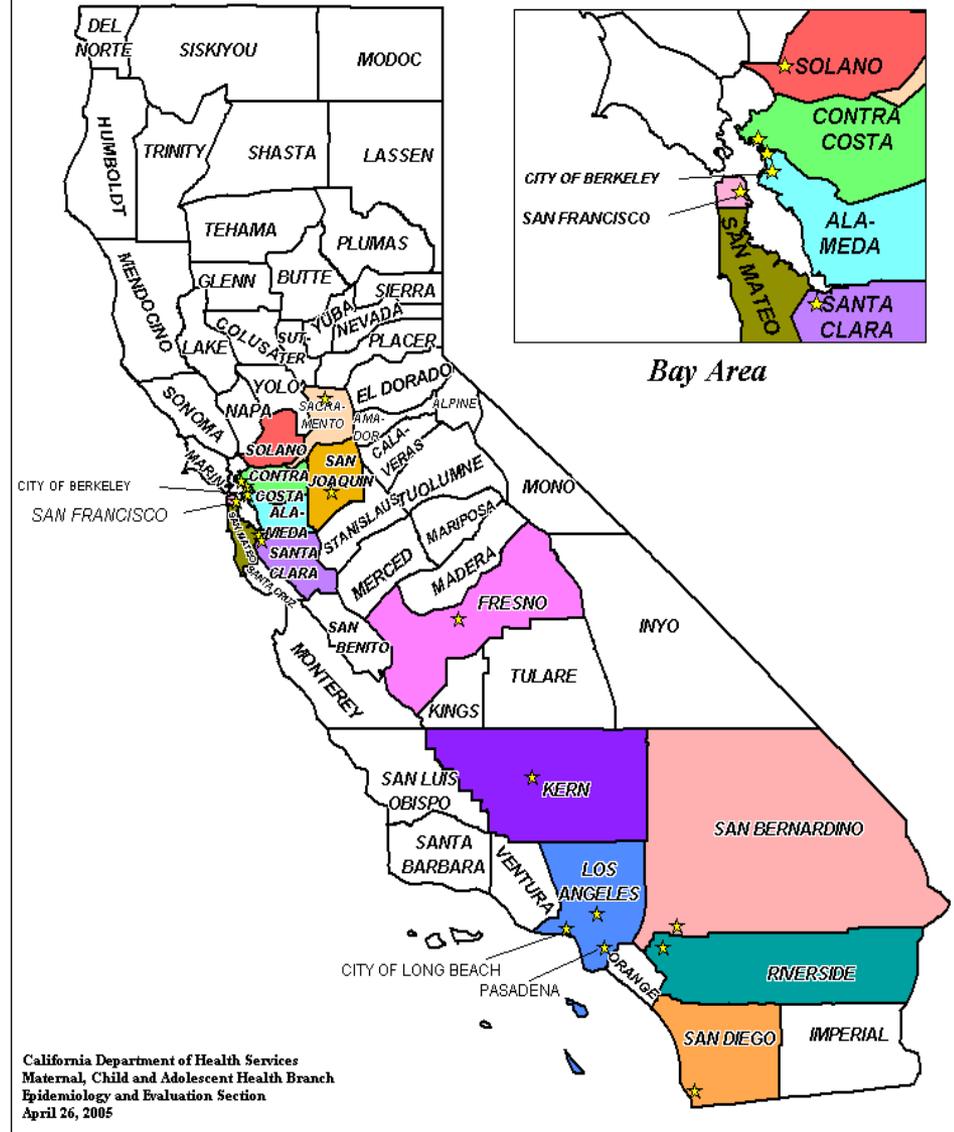
For C&T: To increase testing for HR AA gay men/MSM

For HERR: To provide effective HIV prevention services for AA gay men/MSM

Black Infant Health Collaborative

- Integrate HIV testing and prevention into BIH sites
- Increase access to HIV treatment for pregnant women
- Prevent vertical HIV transmission

Black Infant Health Sites - 2005



Latino Advisory Board

- Established in 2001
- Advise CDPH/OA regarding the cultural, geographic, and linguistic barriers Latinos in California face that create challenges in providing effective HIV services.
- Comprised of consumers, practitioners, and researchers who are representative of California's diverse Latino population.
- Three-year contract with Project Concern International (PCI) to provide technical assistance to LAB and providers serving Latinos.
 - Completed a statewide needs assessment
 - Preparing to provide technical assistance to providers

Policy Environment

- SB 1159, Pharmacy Sale of Syringes
 - Went into effect January 1, 2005
- AB 547, made SEP authorization simpler for counties
 - Went into effect January 1, 2006
- AB 110, allows the use of State General Funds for syringes
 - Went into effect January 1, 2008

Prevention Services Branch

HIV prevention among IDUs

- Funding for Syringe Exchange Programs
 - 2.25 million over 3 years
 - Funds 10 programs
- Secondary Syringe Exchange (SSE)
 - Funds CBOs to provide SSEs, who are people who exchange for others, with training and supplies to do their volunteer work more effectively.
 - 1.5 million over 3 years
 - Funds 5 programs

Prevention Services Branch

HIV prevention among IDUs

- Technical assistance to local health jurisdictions
- Technical assistance to SEPs
 - Harm Reduction Coalition has a contract to provide training and TA
- Hepatitis C testing
 - Offers HCV testing as part of HIV C&T Program
 - \$430,000/year, no end to contract



The California Perinatal HIV Transmission Prevention Project

Office of AIDS Policy and Program Development Section Women and Transgenders

Kama Brockmann, Ph.D., L.C.S.W.

Policy and Program

Coordinator for Women and Transgenders

CDPH/Office of AIDS

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Women in CA Living with HIV/AIDS

	Number of Women in CA with HIV/AIDS	% of CA Women with HIV/AIDS	% of CA Pop Who are Women
Latinas	4054	27.5%	32.4%
African American	5342	36.2%	6.6%
White	4650	31.5%	46.6%
Asian/Pacific Islander	448	3.0%	11%
Total	14756	100.0%	100.0%

Based on AIDS Case Registry data cumulative through March 2006.

Comparison of Women with **AIDS** to Other States (2004)

	New York - 1 (19 m)	Florida - 2 (16 m)	California - 3 (35 m)	Texas - 4 (22 m)	Illinois - 6 (13 m)
Women	20,867 (29.8%)	12,497 (27.6%)	6,346 (11.1%)	5,518 (18.5%)	3,077 (20%)
Total Number of People Living with AIDS	70,133 (.37%)	45,140 (.28%)	56,988 (.16%)	29,891 (.14%)	15,418 (.12%)
Men	49,265 (70.2%)	32,643 (72.3%)	50,642 (88.9%)	24,373 (81.5%)	12,342 (80%)

Data from The Kaiser Family Foundation Stat Health Facts at statehealthfacts.org.



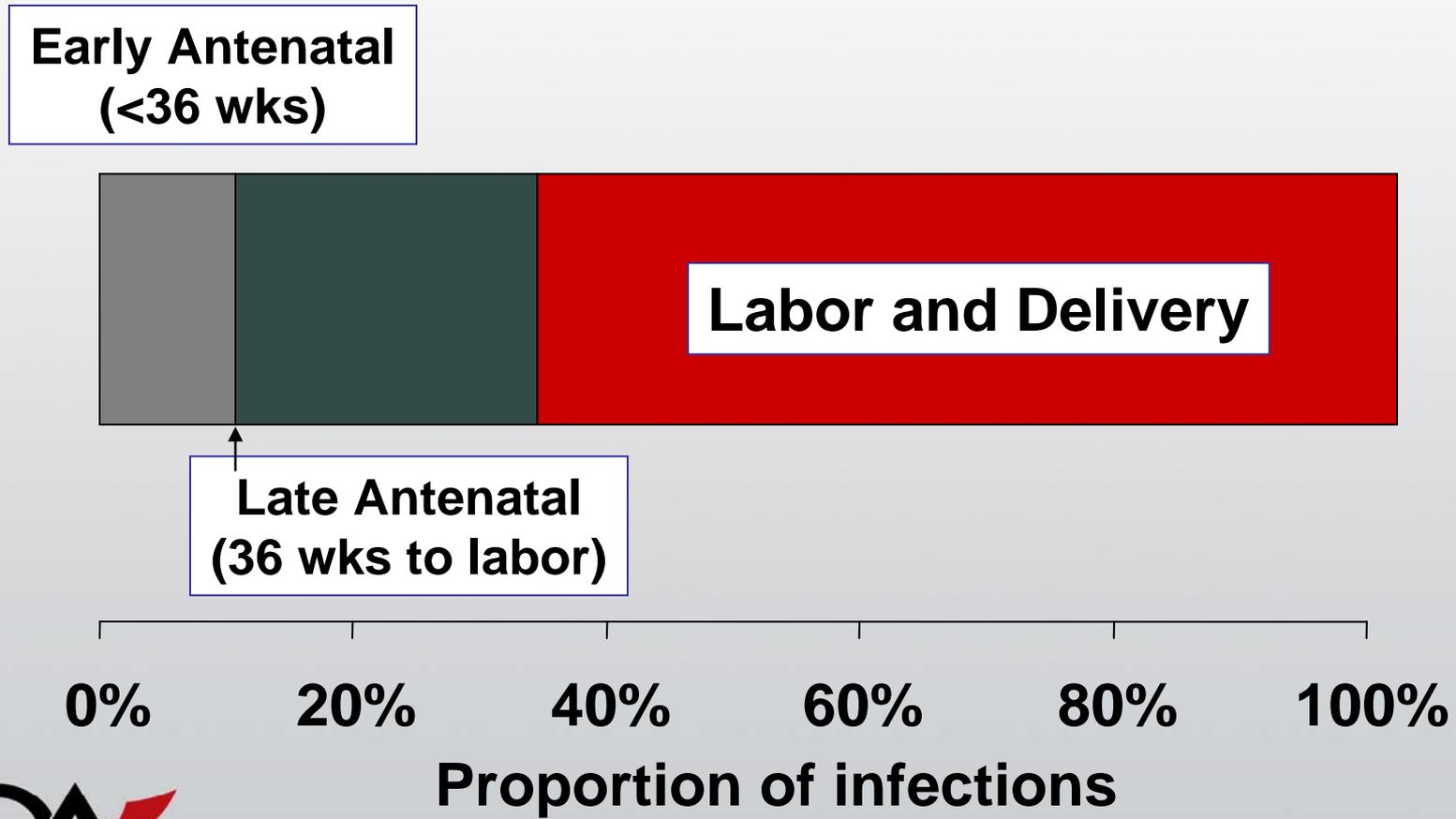
The California Rapid Testing in Labor and Delivery Project (RTLTD)

Funded by CDC until December 2009

Goal: Eradicate perinatal (mom-to-baby) HIV transmission in California.

Objective: In California, to have every pregnant woman, and her obstetric health care provider, know her HIV status as early as possible during her pregnancy and no later than when she begins delivery.

Timing of Mother-to-Child HIV Transmission (Formula)



Rapid HIV Testing in Labor and Delivery (RTLTD)

- CA has 550,000 live births each year (260 labor and delivery hospitals)
 - 12% of all births in the United States
- CA has a 10% no or inadequate prenatal care rate
- Currently 110 hospitals providing RTLTD
 - Goal: All hospitals compliant by Dec 2009

Collaborators

Subcontractors:

- Pacific AIDS Education and Training Center (PAETC) for TA and training directly to hospitals
- Stanford University for evaluation

CDPH:

- Maternal, Child, and Adolescent Health Program: California Perinatal Services Program, Regional Perinatal Project Coordinators, Black Infant Health,
- Immunization Branch: Hepatitis B Audit

Transgenders and HIV in California

- Rates of HIV in Male-to-Female (MtF) Transgender populations in CA:
 - San Francisco 35% (1997)
 - Los Angeles 22% (2001)
 - San Diego 15% (2006)
- HIV Counseling and Testing Services:
 - Total Transgenders receiving HIV testing: .7%
(1203/180,508)
- Transgender C&T prevalence: 6.31%.
This is the highest prevalence gender group across the state.

The Office of AIDS Center of Excellence (CoE) for Transgender HIV Prevention

- Idea generated by the Transgender community in CA
- Mission Statement
 - The CoE’s mission is to provide leadership, capacity building, professional training, policy advocacy, research development, and resources to increase access to culturally competent HIV prevention services for Transgender people in California.



The Office of AIDS Center of Excellence for Transgender HIV Prevention

- 3 year grant to UCSF PAETC
- Consolidate and disseminate Transgender HIV prevention information throughout CA
 - Compendia of current programs
 - Web site for providers and consumers
 - Identify emerging issues and potential research
 - Training and TA to providers and programs

Equality and Parity II: A Statewide Action for Transgender HIV Prevention and Care

- First conference May 2005
- Monday, January 26 – Wednesday, January 28, 2009
- Los Angeles
 - Renaissance Montura Hotel LAX
- Abstracts submission
- Scholarships available

LAB Discussion

Lunch Discussion

with

Dr. Michelle Roland

AGENDA

Friday, May 9th, 2008

1:00 – 4:15

HIV Care Branch

1:00 CARE Section

1:45 Early Intervention Section

2:30 Break

2:45 Community-Based Care Section

3:30 LAB Discussion

4:15 Wrap-Up

4:30 Adjourn

HIV Care Branch



HIV Care Branch

PRIMARY FUNCTION: administration of Part B of the Ryan White HIV/AIDS Treatment Modernization Act (CARE Act) and a variety of programs related to the delivery of care, treatment, and support services for people living with HIV/AIDS.

HIV Care Branch

Peg Taylor, Branch Chief

CARE Section

Clarissa Poole-Sims, Chief

Community-Based Care Section

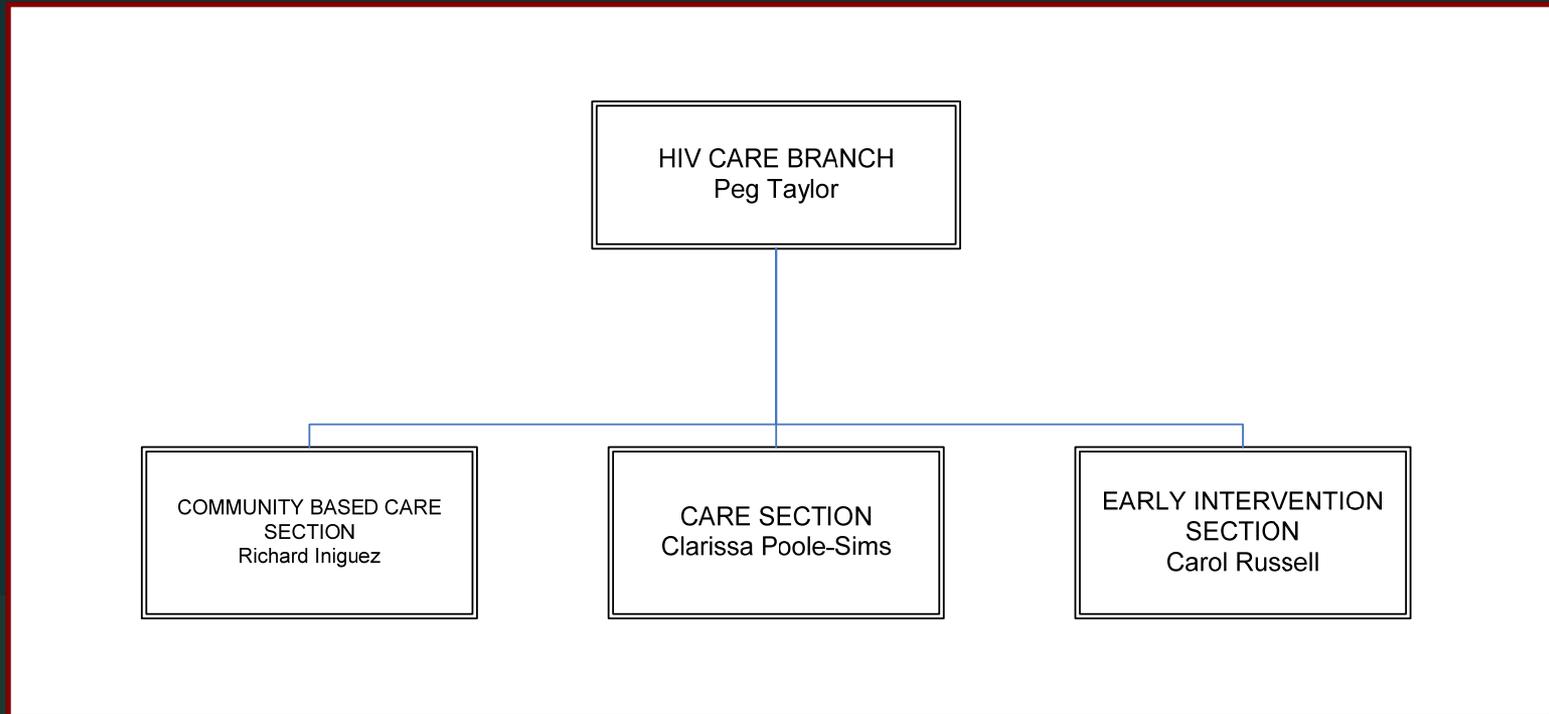
Richard Iniguez, Chief

Early Intervention Section

Carol Russell, Chief



Current HIV Care Branch Organizational Chart



CARE Section

Programs that provide a comprehensive array of services through a statewide network of health departments and community-based organizations

- **Consortia/Care Services Program (CSP)**
- **Housing Opportunities for Persons with AIDS (HOPWA)**
- **Residential AIDS Licensed Facilities Program (RALF)**



Consortia/CSP

- Funded through the CARE Act, Part B
- Contracts with 36 health department and community-based organizations in all 58 counties
- Development and/or enhancement of access to a comprehensive continuum of community-based medical care and support services
- Identify, enroll, and maintain HIV-infected persons in systems of care
- Ensures access to primary medical care, medications, and the provision of essential support services



AGENDA

Friday, May 9th, 2008

1:00 – 4:15

HIV Care Branch

1:00 CARE Section

1:45 Early Intervention Section

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4:30 Adjourn



RALF Program

- Provides residential care for individuals with HIV or AIDS who require higher levels of medical care and who would otherwise be homeless
- RALF funds help address the ongoing operational subsidy needs of facilities that are licensed as Residential Care Facilities for the Chronically Ill (RCFCI)

Funding: State General Fund

Services: Over 270 clients assisted
98,550 bed nights provided

Projects: 17 sites are funded, located in Los Angeles, Santa Barbara, San Francisco, Sacramento, Alameda, Riverside, and San Diego.

Early Intervention Section

- Early Intervention Program (EIP)
- Positive Changes
- Pathways
- Bridge Project
- Therapeutic Monitoring Program (TMP)
- California Statewide Treatment Education Program (CSTEP)



Section Chief: Carol Russell

Early Intervention Section

EIP provides comprehensive multidisciplinary HIV care at sites statewide. Services include integrated medical, transmission risk reduction, psychosocial, health education, and case management.

Early Intervention Section

- **Positive Changes** provides intensive transmission risk-reduction interventions for high-risk individuals within EIP care setting
- **Pathways**, a new program, will provide substance use and mental health treatment within the EIP care setting.

Early Intervention Section

- **Bridge Project** identifies out-of-care and lost-to-care HIV-infected persons and works to remove barriers and successfully engage them in care.
- **TMP** provides laboratory tests for low-income, HIV-infected persons.
- **CSTEP** provides training and certification for HIV Treatment Educators throughout the state.

Early Intervention Section Funding

- State General Fund
- Federal funds
 - CDC Prevention Grant
 - Ryan White, Part B (HRSA)
 - HRSA Minority AIDS Initiative Grant

Early Intervention Section

EIP: 36 sites
8,000 active clients

Positive Changes: 20 sites
670 clients served

Pathways: 17 sites

Bridge Project: 36 sites
1,120 clients served

TMP: 130 statewide provider sites
18,663 clients served

Break

Community-Based Care Section

- **Administers**

- AIDS Case Management Program (CMP)
- AIDS Medi-Cal Waiver Program (MCWP)

- **Provides**

- Comprehensive case management and direct care services to persons with HIV Disease or AIDS with current symptoms related to HIV Disease, AIDS, or HIV Disease/AIDS treatment.
- Allows these individuals to remain in their homes, stabilize their health, improve their quality of life, and avoid costly institutional care.

CMP

- Funding:
 - 55% State General Funds
 - 45% Federal Ryan White, Part B
- Serves an average of 1,383 clients in 52 counties throughout the state
- Allocations to 44 contractors based on allocated client slots

MCWP

- Funding
 - State General Funds with a federal financial participation match
- Structure: Fee-for-service Medi-Cal with an annual per client cost of \$13,209
- Clients: Calendar Year 2007: 2,580 served

LAB Discussion

Wrap-Up

Adjourn